

MEDICREDIT, INC.
PO Box 1629
Maryland Heights, MO 63043-0629
Phone: 800-823-2318

You can also pay by check or
credit card at our website:
www.medicreditcorp.com

Account #: 24637292
of Accounts on File: 1

Balance due on file: \$238.21

The account(s) listed below have been placed with this agency with the full intention of collecting on this account(s). Please give the past due account(s) the attention it deserves.

For phone payments or express mail, or MoneyGram information, call between 8:00am and 8:00pm Monday through Thursday, 8am and 5pm Friday, and 9am and 1pm Saturday. All times are Central Time Zone.



Please call to make a payment by
check or credit card by telephone



Important Notice:

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days after receiving this notice that you dispute the validity of this debt or any portion of it, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

Client Account #	Facility	Patient Name	Date of Service	Balance
162881493	Centennial Medical Center	Jessica Stinson	02/24/2017	238.21

Call us toll free at 800-823-2318.

**This communication is from a debt collector and is an attempt to collect a debt.
Any information obtained will be used for this purpose.**

>>> Please see reverse side for credit card payments <<<

863025713_29TTTOGW0101DHCI_24637292_B1H00003

Detach Lower Portion and Return with Payment

TTTOGW01
PO Box 1280
Oaks PA 19456-1280
ADDRESS SERVICE REQUESTED

Account #: 24637292
Balance Due on File: \$238.21
Statement Date: April 6, 2018

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Marta M Stinson
4021 Viola Ln
Franklin TN 37069-1427

Mail all Correspondence to:

MEDICREDIT, INC.
PO Box 1629
Maryland Heights, MO 63043-0629



If you are a **TENNESSEE** Resident:
This collection agency is licensed by the Collection Service Board, State Department of Commerce and Insurance.

WE ACCEPT MASTERCARD, VISA, AND DISCOVER

PLEASE PAY IN FULL

If you wish to make your payment via credit card, please complete the information below and return in the enclosed envelope.

CHECK ONE

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Account Number	Payment Amount	Expiration Date
	\$	/

☐

Cardholder Name	Signature of Cardholder	Date
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☐

Cardholder Street Address	City	State	Zip
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Phone number for verification of information if necessary	()	-
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